. No.300	II FILED MAR	11 1050		HEALTH OF MISSON			
. 10.48	I ILLE HIMIN	TT 1220	STANDARD CER	RTIFICATE OF DEA	ATH State File No	3265	
020	BIRTH NO		REG. DIST. NO.	PRIMARY REG. DIST.		. 12	
D	a. COUNTY Officers. Co.			2. USUAL RESID	2. USUAL RESIDENCE (Where deceased lived. If institution: ,residence before a. STATE b. COUNTY the admission).		
	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF OR township) STAY (in this place)			OF c. CITY (If outside so OR TOWN	c. CITY (If outside corporate limits, write RURAL and give township) 6 0 30		
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1			d. STREET ADDRESS	d. STREET (Il rural, give location) ADDRESS		
	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	, , , , , , , , , , , , , , , ,	
VENT	5, SEX 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (Spin	D. 8. DATE OF BIRTH	9. AGE (In years) if UND	- 9 /950 ER I YEAR IF UNDER 12 HES. II Days Hours Min.	
PERMANENT	10a. USUAL OCCUPATIO	O KULL ON (Give kind of working life, even if retired)	10b. KIND OF BUSINESS OR	IN- II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
A PE	13a. FATHER'S NAME	^	13b. MOTHER'S MA	IDEN NAME	14. NAME OF HUSBAND OR WI	IFE L	
	WALTEN A ME 15. WAS DECEASED EVE				S SIGNATURE OR NAME	ADDRESS	
-MAKE	(Yes. no. or unknown) (II	yes, give war or dates o	NO	NO. X W. J.O.	bright-Ruk	Purl MU.	
INK	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD!		rebral The	marrlage	ONSET AND DEATH	
відск	*This does not mean the mode of dying, such as heart failure, asthemia;- etc. It means the dis- ease, injury, or complica-	ANTECEDENT CA Morbid conditions rise to the above ca the underlying cau	, if any, giving DUE TO (b)		· · · · · · · · · · · · · · · · · · ·		
UNFADING	tion which caused death.	Conditions contribu	TICANT CONDITIONS uting to the death but not see or condition causing death.			331X	
UNFA	19a. DATE OF OPERA- TION		DINGS OF OPERATION			20. AUTOPSY7	
	21a. ACCIDENT SUICIDE HOMICIDE		Plb. PLACE OF INJURY (e.g., in ore come, farm, factory, street, office bldg.		TOWNSHIP) (COUNTY)	(STATE)	
USING	21d. TIME (Month) OF INJURY	(Day) (Year) (I	21e. INJURY OCCURE WHILE AT NOT WHILE MORK AT WORK	er— J.	/ OCCUR?		
AINIA	22. I hereby certify t	hat I attended if	he deceased from Jane , and that death occurred	i at 1132 Cm., from t	the causes and on the date sta	ast saw the deceased ted above.	
I.I.	230 STENATURE	Musgi	ave m. D.	the) 23b. ADDRESS	fag., mo.	3. DATE SIGNED 7.6610,1980	
WRITE	24a. BURIAL, CREMA TION, REMOVAL (Bredly Removal	2 24 12 -	1950 Glenus	etery or crematory	24d. LOCATION (City, town, or co	down	
•	DATE REC'D BY LOCAL REG	RECESTRAR'S SI	Crabbee	25. FUNERAL DIRECT	TOR'S SIGNATURE	AVORESS	
· ·			(Licensed Embalm	er's Statement on Reverse Sic	de)	-	

APR 21 1950



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the re	everse side of this certificate was embalmed by me, or by
working under my personal supervision.	Signed Lolo Berham
SignedStudent Embalmer	P. O. Address Pack P22 115

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.